

FILED DEC 3- 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39157**

BIRTH NO. _____		REG. DIST. NO. <b>32</b>		PRIMARY REG. DIST. NO. <b>4042</b>		Registrar's No. <b>66</b>	
1. PLACE OF DEATH a. COUNTY <b>Bollinger</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lutesville</b>		c. LENGTH OF STAY (in this place) <b>2 yers.</b>		c. CITY OR TOWN <b>Senath</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bonds Nursing Home</b>				e. STREET ADDRESS (If rural, give location) <b>Rt. 2</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Virgie</b>		b. (Middle) _____		c. (Last) <b>Jackson</b>		4. DATE OF DEATH (Month) <b>Nov.</b> (Day) <b>26,</b> (Year) <b>1957</b>	
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>Sent. 8, 1906</b>	
9. AGE (in years last birthday) <b>51</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Invalid</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mosley Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>	
13a. FATHER'S NAME <b>Earnest Jackson</b>		13b. MOTHER'S MAIDEN NAME <b>Albertine - unknown</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Kenneth E. Jackson</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>General Debility</b>							
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinomatosis</b>							
DUE TO (c) <b>Painful Thyroid</b>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		194X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Jan 6, 1956</b> , to <b>Nov 26, 1957</b> , that I last saw the deceased alive on <b>Nov 26, 1957</b> , and that death occurred at <b>5:00 a. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>John J. Myers</b>				23b. ADDRESS <b>Senath, Mo</b>		23c. DATE SIGNED <b>11/26/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-28-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Senath Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Senath, Mo</b>	
DATE REC'D BY LOCAL REG. <b>11/27/57</b>		REGISTRAR'S SIGNATURE <b>Mrs Buford Crader</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Gene W. Crader</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
C. O. Laird

Licensed Embalmer No. 45-38

P. O. Address Jackson, Miss.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.